

Exhibit 10

SEA MAR COMMUNITY HEALTH CENTERS

REFERRAL DEPARTMENT

TITLE: Documentation to Accompany the Referral
NUMBER: 2000.305

POLICY

It is the policy of Sea Mar Community Health Centers that all Referral requests submitted to the Referral Department meets Milliman/Optimum Care Guidelines and Medical Policy 300.0162 criteria. In addition, they must be accompanied with appropriate documentation to justify and facilitate the effective and efficient transference of patient care to the specialist. This documentation is determined by the provider.

POLICY STATEMENT

1. It is the provider's discretion what will be used in deciding what chart notes, labs, and other documentation needs to be sent with the referral. This decision should be noted in the space provided on the specific prompts. . Specialists may also request that certain things be sent or that certain tests be performed prior to their consultation.
2. Sea Mar providers have access to a website sponsored by CHPW that lists what tests to do prior to referring the patient to a particular specialty for a particular diagnosis. This is called the Milliman/Optimum Care guidelines. The information collected from specialist focus groups will be used as the standard expectation, unless Sea Mar providers have had communication from their local specialists as to their particular preferences.
3. Some Specialist requires that their referral form be completed. For these specialists the provider shall complete the specialist form and have it scanned into medical records.
4. It is expected that all PCP's and Locums adhere to the following expectations of Sea Mar prior to ordering a referral:
 - a. Milliman Care and Optimum Care Guidelines are to be followed prior to doing a referral unless it is an Emergency or an Exception Form has been processed.
 - b. As the PCP, we are required by our community specialist to do the work up on our pts. The goal is have what the specialist needs to make a diagnosis and recommend treatment back to the clinic on the first visit.
 - c. For Example: Labs, EKG, Stress test, echocardiograms, colonoscopy, Upper or Lower GI's, Holter Monitor, etc.
 - d. As often as possible, we want to have the specialist evaluate and recommend treatment, so our pts, only have to deal with one system, Sea mar.

Effective Date: September 1, 2004
Approved By: Director of Utilization Management Department
Source: Utilization Management/Review Manager
Revision Date: October 1st, 2008

Exhibit 11

ccount Inqu.

SeaMar Community Health Centers

PO Box 34703 Seattle WA 98124
 Tel: (206) 764-3335 Fax: (206) 764-0489

12/12/2014 4:08 PM

ACCOUNT INQUIRY**Account# 793180****Guarantor Information:**

Alisha Briggs
 PO Box 121
 Hoquiam, WA 98550

Home Tel#: (360) 591-6097 Ext Cell
 Work Tel#: (360) 591-6098 Ext Cell

Patient Information:
Patient# 793180

Alisha Briggs
 PO Box 121
 Hoquiam, WA 98550

Home Tel#: (360) 591-6097 Ext Cell
 Work Tel#: (360) 591-6098 Ext Cell

Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient
04/25/2012	5912350	FAIRPENN	\$100.00		0	Alisha Briggs

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		sys04/25/2012cb0001	Updated	04/26/2012	Alisha Briggs	\$15.00	\$15.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
5912350				5912350	CHPW	04/26/2012	Electronic

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt
04/25/2012	99213		Office Outpt Est	728.85	Spasm, muscle	MEDICAL	1.00	\$100.00

Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient
05/07/2012	6179620	FAIRPENN	\$100.00		0	Alisha Briggs

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		sys05/08/2012cb0001	Updated	05/09/2012	Alisha Briggs	\$15.00	\$15.00			

USA_000146

12/12/2014

Claim#	6179620	Bill Media	STOKTHEJ	Billing Prov	Local Use Text	Orig Voucher#	6179620	Orig Payor	CHPW	Orig Bill Date	05/09/2012	Orig Media	Electronic
Dates of Service	05/07/2012	Procedure	99213	Mod	Description	Diag1	728.85	Description	Spasm, muscle	TOS	MEDICAL	Units	1.00
Fee Amt	\$100.00												
Diag2	724.3	Description	Sciatica	Diag3	Description	Diag4	Description						
Service Date	05/15/2012	Voucher#	6545160	Provider	FAIRPENN	Chg Amt	\$118.00	Billed Date		Age	0	Patient	Alisha Briggs
Location	OSMD	Place Of Svc	OSMD	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD	OSMD	sys05/15/2012cb001	Updated	05/16/2012	Alisha Briggs	\$15.00	\$15.00	\$15.00			
Claim#	6545160	Bill Media	STOKTHEJ	Billing Prov	Local Use Text	Orig Voucher#	6545160	Orig Payor	CHPW	Orig Bill Date	05/16/2012	Orig Media	Electronic
Dates of Service	05/15/2012	Procedure	99213	Mod	Description	Diag1	724.3	Description	Sciatica	TOS	MEDICAL	Units	1.00
Fee Amt	\$100.00												
Dates of Service	05/15/2012	Procedure	36415	Mod	Description	Diag1	724.3	Description	Sciatica	TOS	LAB	Units	1.00
Fee Amt	\$18.00												
Service Date	06/07/2012	Voucher#	7236700	Provider	FAIRPENN	Chg Amt	\$150.00	Billed Date		Age	0	Patient	Alisha Briggs
Location	OSMD	Place Of Svc	OSMD	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD	OSMD	lag06/08/2012cb001	Updated	06/08/2012	Alisha Briggs	\$15.00	\$15.00	\$15.00			
Claim#	7236700	Bill Media	STOKTHEJ	Billing Prov	Local Use Text	Orig Voucher#	7236700	Orig Payor	CHPW	Orig Bill Date	06/11/2012	Orig Media	Electronic
Dates of Service	06/07/2012	Procedure	99214	Mod	Description	Diag1	344.60	Description	Syndrom, cauda equina NOS	TOS	MEDICAL	Units	1.00
Fee Amt	\$150.00												
Service Date		Voucher#		Provider		Chg Amt		Billed Date		Age		Patient	

12/12/2014

Account Inq.

0 Alisha Briggs

\$75.00

FAIRPENN

7291010

07/06/2012

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		lag07/09/2012cb0001	Updated	07/10/2012	Alisha Briggs	\$15.00	\$15.00			
Claim#	Bill Media	Billing Prov			Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media			
7291010		STOKTHEI				7291010	CHPW	07/10/2012	Electronic			
Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt				
07/06/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS	MEDICAL	1.00	\$75.00				
Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient						
08/06/2012	9036730	FAIRPENN	\$75.00			0 Alisha Briggs						

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		RCP08/08/2012CB0B01	Updated	08/09/2012	Alisha Briggs	\$15.00	\$15.00			
Claim#	Bill Media	Billing Prov			Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media			
9036730		STOKTHEI				9036730	CHPW	08/09/2012	Electronic			
Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt				
08/06/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS	MEDICAL	1.00	\$75.00				
Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient						
09/06/2012	9062810	FAIRPENN	\$75.00			0 Alisha Briggs						

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		MRJ09/11/2012CB0001	Updated	09/12/2012	Alisha Briggs	\$15.00	\$15.00			
Claim#	Bill Media	Billing Prov			Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media			
9062810		STOKTHEI				9062810	CHPW	09/12/2012	Electronic			
Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt				
09/06/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS	MEDICAL	1.00	\$75.00				
Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient						
10/03/2012	10752230	FAIRPENN	\$150.00			0 Alisha Briggs						

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		RCP10/05/2012CBO801	Updated	10/08/2012	Alisha Briggs	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
10752230		STOKTHEI		10752230	CHPW	10/08/2012	Electronic

Dates of Service	Procedure	Modis	Description	Diag1	Description	TOS	Units	Fee Amt
10/03/2012	99214		Office Outpt Est	344.60	Syndrome, cauda equina NOS	MEDICAL	1.00	\$150.00

Diag2	Description	Diag3	Description	Diag4	Description
276.8	Hypopotassemia				

Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient
10/18/2012	11380660	FAIRPENN	\$100.00		0	Alisha Briggs

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		NBO10/23/2012CBO001	Updated	10/24/2012	Alisha Briggs	\$15.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
11380660		STOKTHEI		11380660	CHPW	10/24/2012	Electronic

Dates of Service	Procedure	Modis	Description	Diag1	Description	TOS	Units	Fee Amt
10/18/2012	99213		Office Outpt Est	344.60	Syndrome, cauda equina NOS	MEDICAL	1.00	\$100.00

Diag2	Description	Diag3	Description	Diag4	Description
V64.09	Vactn not done NEC				

Service Date	Voucher#	Provider	Chg Amt	Billed Date	Age	Patient
11/01/2012	11533100	FAIRPENN	\$75.00		0	Alisha Briggs

Location	Department	Place Of Svc	Refer. Dr.	Batch#	Voucher Status	Date Updated	Responsible Party	Co-Ins Amt	Co-Ins Paid	Void Batch#	Date Voided	Voided By
OSMD	OSMD	OSMD		MRJ11/05/2012CBO001	Updated	11/06/2012	Alisha Briggs	\$0.00	\$0.00			

Claim#	Bill Media	Billing Prov	Local Use Text	Orig Voucher#	Orig Payor	Orig Bill Date	Orig Media
11533100		STOKTHEI		11533100	AMGR HO	11/06/2012	Electronic

Account Inquiry

Dates of Service	Procedure	Mods	Description	Diag1	Description	TOS	Units	Fee Amt
11/01/2012	99212		Office Outpt Est 10 Min	344.60	Syndrome, cauda equina NOS	MEDICAL	1.00	\$75.00